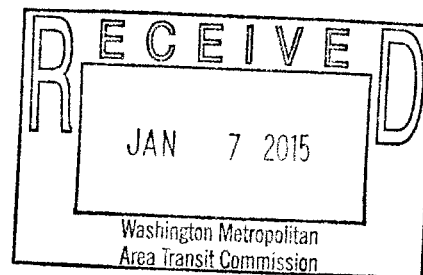


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2539 | Securemedy, Incorporated

*WMATC No. *Name of Carrier (as shown on certificate of authority)

3 Post Office Road, #101		Waldorf	MD	20602-2756
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(240) 419-3125		(800) 506-5926	ofolayan@securemedy.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Olabanji O Folayan	Chairman/CEO
*Name	*Title
(240) 419-3125	(800) 506-5926 ofolayan@securemedy.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Will Smith	(301) 793-9981	smith663@verizon.net		
Name of Registered Agent for Service of Process	Telephone	E-mail		
2408 Martin Luther King Jr Ave		Washington	DC	20020
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No changes during this reporting period

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2006	Ford	1FTNS24W26DB15808	57403B	MD	9	Yes
	2006	Ford	1FTNS24W06DB15807	57402B	MD	9	Yes
	Both vehicles are Econoline						

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Olabanji O. Folayan

*Name (type or print)

Chairman/CEO

*Title (not required for sole proprietors)



*Signature

01/05/2015

*Date